

# STATEMENT OF DESIGNATION OF COUNSEL

MUR 5026

NAME OF COUNSEL:

FIRM:

ADDRESS:

TELEPHONE: (202) 457 6405

FAX: (202) 457 6315

The above-named individual is hereby designated as my counsel and is authorized to receive any notifications and other communications from the Commission and to act on my behalf before the Commission.

7/20/00

Date

Richard A. Zimmer

Signature

RESPONDENT'S NAME:

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